



Claims Clues

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AHCCCS TO CONDUCT PROVIDER INFORMATIONAL SESSIONS

AHCCCS has scheduled **NON-IHS** Provider informational sessions throughout the state for the month of October. Please note that sessions being held in Tucson and Flagstaff are limited to 40 attendees based on responses of interest. The Phoenix session will be able to accommodate up to 60.

Some of the topics that will be covered are....

AHCCCS Overview, Billing AHCCCS recipients, Clean Claim explanation, how to handle denials, Electronic Claim Submission, Prior Authorization and Federal Emergency Services.

Any questions regarding these sessions, contact, **Kyra Westlake at 602-417-4152.**

PHOENIX AREA

When: Thursday, October 20th

9:00 am – 12:00 noon

AHCCCS

701 East Jefferson

GOLD ROOM

Phoenix, AZ

FLAGSTAFF AREA

When: Wednesday, Oct. 26th

1:00 pm – 4:00 pm

Flagstaff Public Library

300 West Aspen

Jan Romero Stevens Room

Flagstaff, AZ

TUCSON AREA

When: Thursday, November 3rd

9:00 am – 12:00 noon

Four Points by Sheraton Tucson University Plaza

Wildcat Room

1900 East Speedway Blvd

Tucson, AZ

BILLING UNDER LOCUM TENENS ARRANGEMENTS

It is the policy of the AHCCCS Administration to recognize locum tenens arrangements but to restrict them to the length of the locum tenens registration with the Arizona Medical Board. The Arizona Medical Board issues locum tenens registration for a period of 180 consecutive days once every three years to allow a physician who does not hold an Arizona license to substitute for or assist a physician who holds an active Arizona license. Locum tenens registration with the Arizona Medical Board is required before AHCCCS recognizes a locum tenens arrangement.

The locum tenens provider must submit claims using the AHCCCS provider ID number of the physician for who the locum tenens provider is substituting or temporarily assisting.

To assist AHCCCS in identifying the actual provider of service for claims payment and reporting purposes, all services rendered by the locum tenens provider must be billed with the "Q6" modifier.

Practices using locum tenens arrangements must maintain a log identifying which locum tenens providers are substituting for or assisting which AHCCCS-registered providers.

Locum tenens arrangements are restricted to avoid situations where one AHCCCS provider ID number could be used by multiple physicians over extended periods of time. This provision also facilitates the credentialing process performed by AHCCCS-contracted health plans and program contractors when contracting with physicians.

BILLING FOR SERVICES RENDERED TO HURRICANE VICTIMS

Providers should use modifier "CR" when billing AHCCCS Fee-For-Service for services rendered August 21st, 2005 and after to Hurricane victims. This modifier will help AHCCCS track the cost of providing medical care to these victims.

Condition Code "DR", Occurrence Code "DR", Value Code "DR" and Occurrence Span Code "MR" are also available for use when billing AHCCCS Fee-For-Service for services rendered to Hurricane victims.

National Uniform Billing Committee (NUBC), in response to an emergency request from CMS, has approved these new codes to facilitate medical billing for services rendered to Hurricane victims.

WEB BASED PRIOR AUTHORIZATION INQUIRY TOOL TO BE AVAILABLE BY END OF OCTOBER

Currently, providers determine the status of their prior authorization requests primarily by phone. The new Web based prior authorization inquiry tool allows providers to verify the status of their previously submitted prior authorization requests. This web based tool will provide the same level of service while being accessible 24-7. The application will allow providers to search for a particular prior authorization request and then display all relevant data for that request. The site functionality includes searching for a prior authorization request by case number, AHCCCS ID number, or provider ID number. Begin and end date criteria will also be available with each of these options. Providers with current accounts can login at <https://scertsrv.ahcccs.state.az.us>. Additionally, providers without current accounts are able to create new accounts at this site.

SELECTING ELECTRONIC PAYMENTS IS EASY AND CONVENIENT

AHCCCS has made it easy for providers to begin receiving electronic fee-for-service reimbursement. The electronic payment option processes payments using the Automated Clearing House (ACH) rather than issuing checks to providers. The ACH payment method enables providers to receive reimbursement more quickly.

The Arizona Clearing House Association (ACHA) processes electronic payments directly to the provider's bank account through Bank of America, which functions as the state servicing bank. BofA will make the electronic payment available to a provider's account one business day after the date AHCCCS transmits the ACH payments file to BofA. The ACH process offers several benefits to providers, including:

- Immediate availability of funds
- Fully traceable payments
- Elimination of mail and deposit delays
- Elimination of lost, stolen, or misplaced checks

To begin receiving ACH payments, a provider must complete Sections 2 and 3 of the ACH Vendor Authorization form. This form is available on the AHCCCS website at www.ahcccs.state.az.us. Click on the links for Plans and Providers. On the Quick Links for Health Plans and Providers page, click on Forms, then scroll down to the ACH Vendor Authorization Form.

The provider's financial institution must complete Section 4 of the form.

Submit the form to:

AHCCCS Finance Dept
Mail Drop 5400
P O Box 25399
Phoenix, AZ 85002

AHCCCS Finance staff will complete Section 1 of the form to initiate the electronic payment process. AHCCCS will process its normal weekly fee-for-service payment cycle and transmit the ACH payment data to BofA, which will transmit the information to ACHA. On the settlement date of the electronic payment, the provider's financial institution will credit the provider's individual account.

Providers who have questions should call (602) 417-4052 or (602) 417-4543.